



Application to be a Third Party Certifier (TPC) of Composite Wood Products

Please mail completed application to:	California Air Resources Board Stationary Source Division ATTN: Jose Saldana-TPC Application Review Coordinator 1001 I Street Sacramento, CA 95814 Phone (916) 327-5630 jsaldana@arb.ca.gov
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Pre-application meeting: ☐ I request a pre-application meeting. In this case, please complete section A below and return this form to the address shown above.

A: Company Information

1.	Company name:	Application Date:	
2.	Company mailing address:		
3.	Company web site:		
4.	Company contact person:	Title:	
5.	Phone No:	Fax No:	E-mail:
6.	Preparer/Consultant (if applicable) name: Address:		
7.	Preparer/Consultant phone:	E-mail:	

Note to applicants - The following acronyms denote:

ASTM - American Society for Testing and Materials
ATCM - Airborne Toxic Control Measure
CARB - California Air Resources Board
ISO/IEC - International Organization for Standardization/International Electrotechnical Commission
QC - Quality Control
TPC - Third Party Certifier

B: Background Information (For submission of additional qualifications or information - see Attachment A.)

B.1 Please check the product types that you seek to verify.

- ☐ Hardwood Plywood
- ☐ Particleboard
- ☐ Medium Density Fiberboard

B.2 Describe your actual field experience in the verification of laboratories and wood products, to demonstrate how your company will competently perform the requirements for third party certifiers (Appendix 3 of the regulation).

- a) Provide evidence of current “product certification agency” accreditation,* such as ISO Guide 65:1996, any other relevant accreditations, such as ISO/IEC Standard 17020:1998 (inspection bodies) or ISO/IEC Standard 17025:2005 (testing laboratories), and the dates when accreditations were granted for the specific fields of accreditation relevant to the scope of the regulation (i.e., formaldehyde testing).
- b) Attach the most recent evaluation reports issued by the accreditation body pertaining to the product certification agency accreditation.
- c) If your company intends to subcontract with another company to perform your inspection or testing work, please include evidence of contractual agreements, and if applicable, provide that subcontractor’s status of current accreditations in accordance with the relevant accreditation standards, such as ISO/IEC Standard 17020:1998 and ISO/IEC Standard 17025:2005.

** Note: The regulation requires evidence of product certification agency accreditation. However, the regulation contains an oversight in that it requires accreditation by a signatory to the International Laboratory Accreditation Cooperation Mutual Recognition Arrangement (ILAC, 2000). We understand that ILAC does not issue such accreditations. The essential requirement for product certification agency accreditation still applies.*

B.3 Describe your experience in formaldehyde emission testing. If you (the applicant TPC) or a company with which you subcontract are accredited to ISO/IEC Standard 17025:2005, and the specific methods below are noted in the scope of your accreditation, you may refer to the appropriate section of your accreditation in regards to subparts (a), (b), and (c).

- a) Describe your experience operating the primary and/or secondary test method, and ASTM D 5582-00 (desiccator) method.
- b) Describe the analytical methods you operate.
- c) Describe formaldehyde emission tests besides those developed by ASTM that you or your subcontract laboratories perform.

B.4 How will you train and supervise inspectors? If you or a company with which you subcontract are accredited to ISO/IEC Standard 17020:1998, you may refer to the appropriate section as noted in your scope of accreditation.

B.5 Do any manufacturers of composite wood products have a financial interest in your company (the applicant TPC) or one of your subcontractors (e.g., subcontract laboratory)? If yes, describe the nature of the interest, and whether you or your subcontractor intends to act as a TPC for said manufacturer(s).

C: Initial Plant Qualification

C.1 Describe the process and the qualifications required for the approval of a manufacturer's Quality Control (QC) manual.

C.2 Describe the process and the qualifications required for the approval of QC personnel and the sufficiency of on-site small-scale testing facilities.

C.3 Describe the process and the qualifications required for the approval of procedures used to select samples for small-scale testing.

C.4 Describe the procedures used to establish a facility's correlation value between their small-scale test method and either the primary or secondary test method, and the data required to be kept on site.

D: Primary or Secondary Method Testing

D.1 Describe the process and the qualifications required for the approval of sample selection, handling, and shipping procedures used by the plant's QC personnel.

D.2 Describe the type and amount of primary or secondary method testing-related information QC personnel will be asked to keep on-site for your inspection.

D.3 Describe what will be required in a manufacturer's plan of action if they fail a quarterly primary or secondary method test.

E: Facility Inspection Procedures

E.1 Describe the specifics of a facility inspection.

- a) What are the procedures, reviews and actions that comprise a facility inspection?
- b) How often will inspections be conducted?
- c) What records will be inspected?
- d) Will random samples for testing be taken and when?
- e) What actions will be taken during an inspection failure?

E.2 Describe the criteria used to verify compliance with the QC requirements of the ATCM.

ATTACHMENT A

Qualification Data

- ☐ Attachment A Attach a copy of the guidance manual used for certification, license agreements required of certified facilities, applications required of facilities wishing to participate in the program and examples of quality manuals required for certified facilities.

 - ☐ Attachment B Use this attachment to add or clarify any qualification information that you think needs explaining. Reference the section in the application to which this additional or clarifying information applies. Include any additional text, tables, calculations, or accreditations.
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Certification

Company Name: _____

I, _____, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this ____ day of _____, _____, upon my oath or affirmation.

Signature

Date

Printed Name

Title